STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY COURT CODE

ORDER SUSPENDING LICENSE (CHILD SUPPORT/PARENTING TIME)

CASE NO.

COUNTY COURT CODE	(Child SUPPORT/PARENTING TIME)	
Friend of the Court address		Telephone no.
Plaintiff's name, address, and t	elephone no. Licensee	
Attorney:		
V		
Defendant's name, address, ar	nd telephone no. Licensee	
Attorney:		
THE COURT FINDS:		
1. The licensee:		
a. failed to respond to a No arrearage.	tice of Proposed License Suspension in a timely ma	nner and also failed to pay the entire
☐ b. requested a hearing base and failed to pay the enti	ed on a Notice of Proposed License Suspension but fare arrearage.	ailed to appear at the scheduled hearing
\Box c. failed to comply with an	Order for Payment of Arrearage.	
\Box d. failed to comply with an	Order for Payment of Arrearage following a contemp	t finding at a show cause hearing.
\Box e. failed to comply with a m	akeup and ongoing parenting time schedule.	
IT IS ORDERED:		
 Within 7 business days after recei □ a driver's/chauffeur's license until further order of the court. 	iving this order, the licensing agency shall suspend an \Box an occupational license \Box a recrea	d not issue to the above named licensee tional license a sporting license
	this suspension is effective upon entry and payment be reinstated within 7 business days after receiving the the licensee.	
 Date	Judge	

3rd copy - Friend of the Court, Part 2 4th copy - Licensing agency, Part 2 5th copy - Return of service

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

ORDER SUSPENDING LICENSE (CHILD SUPPORT/PARENTING TIME)

CASE NO.

COUNTY COURT CODE	(CHILD SUPPORT/PAREN	TING TIME)	
Friend of the Court address			Telephone no.
Plaintiff's name, address, and telephone no.		This information may be confidential under federal law and should only be distributed to the friend of the court and licensing agency.	
		Date of birth	
		Driver's lice	nse no.
Attorney:		Occupation	al license no.
Defendant's name, address, and	telephone no. Licensee	Known prof	essional licenses
Attorney:			
Attorney.			
THE COURT FINDS:			
1. The licensee:			
a. failed to respond to a Notice arrearage.	e of Proposed License Suspension	on in a timely mar	nner and also failed to pay the entire
☐ b. requested a hearing based and failed to pay the entire		Suspension but fa	iled to appear at the scheduled hearing
\square c. failed to comply with an Or	der for Payment of Arrearage.		
\Box d. failed to comply with an Or	der for Payment of Arrearage follo	owing a contempt	finding at a show cause hearing.
\Box e. failed to comply with a make	keup and ongoing parenting time s	schedule.	
IT IS ORDERED:			
2. Within 7 business days after receiving ☐ a driver's/chauffeur's license until further order of the court.	ng this order, the licensing agency \Box an occupational license		d not issue to the above named licensee ional license a sporting license
Any subsequent order rescinding to The suspended license(s) shall be appropriate reinstatement fee by the	reinstated within 7 business days		t of any customary reinstatement fee. e rescission order and payment of the
Date	Judge		

Order Suspending License

Case No.

PROOF OF SERVICE

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE

OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required) OR AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally of adult who is not a party or an officer of a corporate that: (notarization required)				
☐ I served a copy of the order suspending☐ personally on:☐ by registered or certified mail with res		f return receipt attached) on:		
Licensee's name	Complete address of service)	Day, date, time	
☐ I have personally attempted to serve the			ble to complete service.	
Licensee's name	Complete address of service	;	Day, date, time	
Service fee	Total fee Sig \$	gnature le		
Subscribed and sworn to before me on ${Date}$	е	_ ,	County, Michigan.	
My commission expires: Date Notary public, State of Michigan, County of		puty court clerk/Notary public		
	ACKNOWLEDGMENT	OF SERVICE		
I acknowledge that I have received service	Day, date	e, time		
Signature				
	CERTIFICATE OF	MAILING		
I certify that on this date I served a copy of the mail addressed to their last known addressed			gency(ies) by first class	

Signature

Date